



CITY OF SAN JOAQUIN BUSINESS LICENSE APPLICATION

Date of Application: _____

OWNERSHIP TYPE ✓

PROPRIETORSHIP ☐
PARTNERSHIP ☐
CORPORATION ☐
OTHER ☐
LLC TRUST ☐

BUSINESS DESCRIPTION ✓

☐ RETAIL ☐ SERVICE
☐ WHOLESALE ☐ AG RELATED SERVICE
☐ INDUSTRIAL ☐ HOME OCCUPATION

- ☐ New Application
☐ New Name/Name Change
☐ Renewal
☐ Replacing Existing Business

Type of Business (Please Explain): _____

Business Name: _____

Name of All Business Owners: _____

Name of Supervisor/Manager: _____

Mailing Address: _____

Business Address: _____

APN: _____ (For your APN you may call (559) 693-4311)

Business #: _____ Emergency #: _____

Health Permit Required? Yes _____ No _____ (If Yes, furnish us a copy)

Workmens Compensation Required? Yes _____ No _____ (If Yes, furnish us a copy)

Liquor License Required?: Yes _____ No _____ (If Yes, furnish us a copy)

FED ID: _____
STAT ID: _____
SSN: _____
ABC LICENSE: _____
CA DL/ID: _____
RESALE NO: _____

WORKERS' COMPENSATION DECLARATION

I HEREBY AFFIRM, UNDER PENALTY OF PERJURY, ONE OF THE FOLLOWING DECLARATIONS:

_____ I HAVE AND WILL MAINTAIN A CERTIFICATE OF CONSENT TO SELF-INSURE FOR WORKERS' COMPENSATION AS PROVIDED BY SECTION 3700. FOR THE DURATION OF ANY BUSINESS ACTIVITIES CONDUCTED FOR WHICH THIS LICENSE IS ISSUED.

_____ I HAVE AND WILL MAINTAIN WORKERS' COMPENSATION INSURANCE AS REQUIRED BY SECTION 3700, FOR THE DURATION OF ANY BUSINESS ACTIVITIES CONDUCTED FOR WHICH THIS LICENSE IS ISSUED.

MY WORKERS COMPENSATION INSURANCE CARRIER AND POLICY NUMBER ARE:

CARRIER: _____

POLICY NUMBER: _____

LICENSE NONTRANSFERABLE NO REFUNDS

A CHANGE OF ANY OF THE ABOVE INFORMATION REQUIRES A NEW APPLICATION

Signature of Applicant: _____ Title: _____

Signature of Co-Applicant: _____ Title: _____

DO NO WRITE IN THE SPACE BELOW

CITY OF SAN JOAQUIN PLANNING DEPARTMENT

Zoning District: _____ Date: _____

Approved: ☐ Conditions of Approval: _____

Denied: ☐ Reasons Denied: _____

Signed by: _____ City of San Joaquin Planning.

Sales or use tax may apply to your business activities. You may seek written advice regarding the application of sales tax to your particular business by writing to the nearest State Board of Equalization office.